

WAR 131937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

6492

1. PLACE OF DEATH

County Jackson Registration District No. 379  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 4205 Montgall) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Mrs. Sarah Winstanley

(a) Residence, No. 4205 Montgall St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edw. Winstanley  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2nd. 1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 3 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Indep.  
(STATE OR COUNTRY) Mo.

13. NAME Jno. T. Dunne  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Gilchrist  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Jamie Dunne  
(ADDRESS) 4205 Montgall

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Mary's Cem. DATE 2/18/37 19.

19. UNDERTAKER W. F. Mayberry  
(ADDRESS) City

20. FILED 7/16/37 M. M. Corran  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16th. 1937

22. I HEREBY CERTIFY That I attended deceased from Aug 1932 to Feb 16th 1937  
I last saw her alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 5 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1932

Other contributory causes of importance:  
Arteriosclerosis 1931

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Paul W. Burke, M. D.  
(Address) 1402 Bryant Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAIN, WITH GRADING INSTRUMENT IS A STANDARD INSTRUMENT

X704

Dr. J. A. Williams  
August 15, 1910